

COPY OF PAPERS  
ORIGINALLY FILED81790.0214  
(Former Docket No. 095702-20068)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAR 15 2002

In re application of:

Tomomi MOMOHARA

Serial No: 09/511,620

Filed: February 23, 2000

For: SEMICONDUCTOR INTEGRATED CIRCUIT DEVICE  
AND METHOD OF TESTING THE SAMEArt Unit: 2815 TC 2600 MAIL ROOM  
Examiner: J. Fenty

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on November 1, 2001

Date of Deposit

Kimberly Yee

11/01/01

Name

Date

Signature

Box Non-Fee Amendment  
Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is a Response to Restriction Requirement and Amendment in the above-identified application.

- ☐ Small entity status has been claimed. See 37 CFR § 1.27.
- ☐ A certified copy of \_\_\_\_\_ Patent Application No. \_\_\_\_\_ filed \_\_\_\_\_ from which priority is claimed under 35 U.S.C. § 119 is enclosed.
- ☐ An Associate Power of Attorney is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	21	-	21 **	0	LG=\$18 SM=\$9 \$18.00	\$ 0
INDEPENDENT CLAIMS FEE	7	-	7 ***	0	LG=\$84 SM=\$42 \$84.00	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$ 0
TOTAL						\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

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Date: November 1, 2001

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